



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2632

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/733,455   | <b>FILING OR 371(c) DATE</b><br>12/08/2000<br><b>RULE</b>   | <b>CLASS</b><br>606           | <b>GROUP ART UNIT</b><br>3733   | <b>ATTORNEY DOCKET NO.</b><br>BENDE-008B |
| <b>APPLICANTS</b><br>Theodore V. Benderev, Laguna Hills, CA;<br>Timothy C. Ryan, Laguna Hills, CA;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 09/197,938 11/23/1998 PAT 6,200,330 <i>ok</i>  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>None</i>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 01/25/2001  |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>5                 |
| <b>INDEPENDENT CLAIMS</b><br>1   |   |                               |   |  |
| <b>ADDRESS</b><br>Matthew A Newboles<br>Stetina Brunda Garred & Brucker<br>75 Enterprise<br>Aliso Viejo, CA92656   |   |                               |   |  |
| <b>TITLE</b><br>Systems for securing sutures, grafts and soft tissue to bone and periosteum  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>1182   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |